

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24030**  
**2072**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Ottawa</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>322 Maple</u> <u>8150 S</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>		a. (First) <u>Joseph</u>		b. (Middle) <u>L</u>		c. (Last) <u>Wassmer</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 15, 1891</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Garnett Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael J. Wassmer</u>		13b. MOTHER'S MAIDEN NAME <u>Jean C. Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Hena N. Wassmer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>?</u>		16. SOCIAL SECURITY NO. <u>511-09-8299</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hena N. Wassmer</u> ADDRESS <u>Ottawa Kans</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Bilateral ureteral obstruction, etiology unknown</u> (n. m.)				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 d.</u> <u>6034</u>	
19a. DATE OF OPERATION <u>6-30-56</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-29</u> , 195 <u>6</u> , to <u>7-7</u> , 195 <u>6</u> , that I last saw the deceased alive on <u>7-6</u> , 195 <u>6</u> , and that death occurred at <u>2:40</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mark Dodge</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>KE, Mo.</u>		23c. DATE SIGNED <u>7-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Ottawa Kans</u>	
DATE REC'D BY LOCAL REG. <u>7-7-56</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Steve McElw.</u> ADDRESS <u>K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File 1-0552

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. T. Cravell*.....

Licensed Embalmer No. *4904*

P. O. Address *N.C. Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.